



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA HEART HOSPITAL, LLC

City of Hospital: Indianapolis

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the
Report: Paul Klassen

Email Address: pklassenii@ecommunity.com

Medicare Provider Number: 15-0154

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$176278219
Outpatient Patient Service Revenue	\$164768524
Total Gross Patient Service Revenue	\$341046743

2. Deductions From Revenue

Contractual Allowance	\$210527738
Other Deductions	\$10185802
Total Deductions	\$220713540

3. Total Operating Revenue

Net Patient Service Revenue	\$120333203
Other Operating Revenue	\$1832956
Total Operating Revenue	\$122166159

4. Operating Expenses

Salaries and Wages	\$23960478	Employee Benefits	\$8361729
Depreciation and Amortization	\$4022008	Interest Expense	\$2805754
Bad Debt	\$2633536	Other Expenses	\$57040064
Total Operating Expenses	\$98823569		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$23342590	Total Assets	\$70988484
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$12274964
Total Net Gains	\$23342590		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$205333636	\$161373769	\$43959867
Medicaid	\$19219563	\$11787239	\$7432324
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$116493544	\$47552532	\$68941012
Total	\$341046743	\$220713540	\$120333203

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$9481	\$23448	\$-13967

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$10185802
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2678866	
HCI Payments	\$0		
Subtotal	\$0	\$2678866	\$-2678866
Medicaid Shortfalls	\$7432338	\$9166224	
Subtotal	\$7432338	\$11845090	\$-4412752
DSH Payments	\$0		
Subtotal	\$7432338	\$11845090	\$-4412752
Medicare Shortfalls	\$43960022	\$54002787	
Other Government Programs	\$0	\$0	
Total	\$51392360	\$65847877	\$-14455517

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

